

**Michigan Medicaid
CMHSP Children's Waiver Services Database
Effective April 1, 2004**

CPT/ HCPCS	Mod	Description	Status	Fee Screen	Parameters
90782		INJECTION, SC/IM	A	\$11.22	
90788		INJECTION OF ANTIBIOTIC	A	\$10.09	
90801		PSY DX INTERVIEW	A	\$90.62	
90802		INTERACTIVE PSY DX INTERVIEW	A	\$96.22	
90804		PSYCHOTHERAPY, 20-30 MIN	A	\$39.03	
90805		PSYCHOTHERAPY, 20-30 MIN W/ E&M	A	\$42.84	
90806		PSYCHOTHERAPY, 45-50 MIN	A	\$58.54	
90807		PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$62.36	
90808		PSYCHOTHERAPY, 75-80 MIN	A	\$87.48	
90809		PSYCHOTHERAPY, 75-80, W/ E&M	A	\$90.39	
90810		INTERACTIVE PSYCHOTHERAPY, 20-30 MIN	A	\$41.72	
90811		INTERACTIVE PSYCHOTHERAPY, 20-30, W/ E&M	A	\$46.88	
90812		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN	A	\$63.25	
90813		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$66.39	
90814		INTERACTIVE PSYCHOTHERAPY, 75-80 MIN	A	\$91.74	
90815		INTERACTIVE PSYCHOTHERAPY, 75-80 W/ E&M	A	\$93.98	
90846		FAMILY PSYCHOTHERAPY W/O PATIENT	A	\$56.75	
90847		FAMILY PSYCHOTHERAPY W/ PATIENT	A	\$69.31	
90853		GROUP PSYCHOTHERAPY	A	\$19.07	
90862		MEDICATION MANAGEMENT	A	\$30.73	
92506		SPEECH/HEARING EVALUATION	A	\$78.95	
92507		SPEECH/HEARING THERAPY, INDIVIDUAL	A	\$37.46	MAXIMUM OF 8 SESSIONS PER MONTH
92508		SPEECH/HEARING THERAPY, GROUP	A	\$17.72	MAXIMUM OF 8 SESSIONS PER MONTH
92526		TREATMENT OF SWALLOWING DYSFUNCTION	A	\$50.02	MAXIMUM OF 8 SESSIONS PER MONTH
96100		PSYCHOLOGICAL TESTING, PER HOUR	A	\$43.74	
96105		ASSESSMENT OF APHASIA, PER HOUR	A	\$43.74	
96110		DEVELOPMENTAL TEST, LIMITED	A	\$8.30	
96111		DEVELOPMENTAL TEST, EXTENDED, PER HOUR	A	\$86.36	
96115		NEUROBEHAVIORAL STATUS EXAM, PER HOUR	A	\$43.74	
96117		NEUROPSYCH TEST BATTERY, PER HOUR	A	\$43.74	
97001		PT EVALUATION	A	\$44.64	
97002		PT RE-EVALUATION	A	\$23.55	
97003		OT EVALUATION	A	\$47.55	
97004		OT RE-EVALUATION	A	\$27.36	
97110		THERAPEUTIC EXERCISES, EACH 15 MIN	A	\$17.27	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97112		NEUROMUSCULAR REEDUCATION, EACH 15 MIN	A	\$17.27	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97113		AQUATIC THERAPY, EACH 15 MIN	A	\$19.74	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97116		GAIT TRAINING THERAPY, EACH 15 MIN	A	\$14.80	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97124		MASSAGE THERAPY, EACH 15 MIN	A	\$13.23	LIMIT OF 4 SESSIONS PER MONTH PER TYPE OF SPECIALTY SERVICES.
97140		MANUAL THERAPY, EACH 15 MIN	A	\$15.93	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.

**Michigan Medicaid
CMHSP Children's Waiver Services Database
Effective April 1, 2004**

CPT/ HCPCS	Mod	Description	Status	Fee Screen	Parameters
97150		GROUP THERAPY PROCEDURE(S)	A	\$10.54	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97520		PROSTHETIC TRAINING, EACH 15 MIN	A	\$16.82	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97530		THERAPEUTIC ACTIVITIES, EACH 15 MIN	A	\$17.50	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97532		DEVELOPMENT OF COGNITIVE SKILLS, EACH 15 MIN	A	\$14.80	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97533		SENSORY INTEGRATIVE TECHNIQUES, EACH 15 MIN	A	\$15.48	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97535		SELF-CARE/ HOME MANAGEMENT TRAINING, EACH 15 MIN	A	\$17.94	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97537		COMMUNITY/ WORK REINTEGRATION TRAINING, EACH 15 MIN	A	\$16.37	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97542		WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MIN	A	\$16.60	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97802		MEDICAL NUTRITION THERAPY, EACH 15 MIN	A	\$10.77	
97803		MEDICAL NUTRITION THERAPY RE-ASSESSMENT, EACH 15 MIN	A	\$10.77	
97804		MEDICAL NUTRITION THERAPY, GROUP, EACH 30 MIN	A	\$4.49	
99506		HOME VISIT FOR IM INJECTIONS	A	\$11.22	
E1340		REPAIR OR NONROUTINE SERVICE FOR DME, PER 15 MIN	P	\$0.01	PRIOR AUTHORIZATION REQUIRED
E1399		DME, MISCELLANEOUS	M	\$0.01	LIMIT OF ONE SINGLE ROOM AIR CONDITIONER EVERY 5 YEARS WITH A MAXIMUM COST OF \$400. USE THE REMARKS FIELD TO IDENTIFY THE ITEM.
G0176		ACTIVITY THERAPY, PER SESSION (45 MINS OR MORE)	A	\$69.31	LIMIT OF 4 SESSIONS PER MONTH PER TYPE OF SPECIALTY SERVICES.
H0018		BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL	A	\$211.00	
H0034		MEDICATION TRAINING AND SUPPORT, PER 15 MIN	A	\$10.32	
H2000		COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	A	\$192.00	MAXIMUM OF 5 SESSIONS PER MONTH PER BENEFICIARY.
H2015		COMP COMM SUPP SVC, 15 MIN	A	\$3.77	
M0064		MONITORING OR CHANGING DRUG PRESCRIPTIONS	A	\$16.15	
S0215		NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	A	\$0.32	
S5111		HOME CARE TRAINING, FAMILY; PER SESSION	A	\$66.02	
S5116		HOME CARE TRAINING, NON-FAMILY; PER SESSION	A	\$64.68	
S5151		UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	A	\$356.40	MAXIMUM OF 14 DAYS PER YEAR FOR VACATION RESPITE
S5151	TT	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM, >1 PATIENT	A	\$267.36	
S5165		HOME MODIFICATIONS, PER SERVICE	P	\$0.01	PRIOR AUTHORIZATION REQUIRED
S5199		PERSONAL CARE ITEM, NOS, EACH	A	\$100.00	LIMIT OF 5 ITEMS PER QUARTER WITH A MAXIMUM COST OF \$100. USE REMARKS FIELD TO IDENTIFY THE ITEM(S)
S8990		PT OR MANIP FOR MAINT	A	\$65.48	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
S9445		PATIENT EDUCATION, NOC, INDIVIDUAL, PER SESSION	A	\$25.02	
S9446		PATIENT EDUCATION, NOC, GROUP, PER SESSION	A	\$12.50	
S9470		NUTRITIONAL COUNSELING, DIETITIAN VISIT	A	\$25.50	
S9484		CRISIS INTERVENTION MENTAL HEALTH SVC, PER HOUR	A	\$46.26	
T1001		NURSING ASSESSMENT/ EVALUATION	A	\$48.09	
T1002		RN SERVICES, UP TO 15 MIN	A	\$10.32	

**Michigan Medicaid
CMHSP Children's Waiver Services Database
Effective April 1, 2004**

CPT/ HCPCS	Mod	Description	Status	Fee Screen	Parameters
T1005		RESPIRE CARE SVC, UP TO 15 MIN	A	\$3.71	
T1005	TD	RESPIRE CARE SVC, BY RN, UP TO 15 MIN	A	\$7.99	
T1005	TE	RESPIRE CARE SVC, BY LPN, UP TO 15 MIN	A	\$6.79	
T1999		MISCELLANEOUS THERAPEUTIC ITEMS & SUPPLIES, NOC	A	\$25.00	ONLY ADAPTIVE TOYS CAN BILLED UNDER THIS CODE. LIMIT OF ONE ADAPTIVE TOY PER QUARTER WITH A MAXIMUM COST OF \$25.00. USE THE REMARKS FIELD TO IDENTIFY THE ITEM.
T2023		TARGETED CASE MANAGEMENT; PER MONTH	A	\$303.72	THE DATE OF SERVICE SHOULD BE THE LAST DAY OF THE MONTH THAT THE CASE MANAGEMENT SERVICE WAS PROVIDED.
T2028		SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	A	\$100.00	LIMIT OF 5 ALLERGY CONTROL SUPPLIES PER QUARTER WITH A MAXIMUM COST OF \$100. USE THE REMARKS FIELD TO IDENTIFY THE ITEM(S).
T2029		SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	A	\$250.00	LIMIT OF 5 ENVIRONMENTAL SAFETY & CONTROL DEVICES PER QUARTER WITH A MAXIMUM COST OF \$250. USE THE REMARKS FIELD TO IDENTIFY THE ITEM(S).
T2039		VEHICLE MOD WAIVER/ SERVICE	A	\$5,500.00	MAXIMUM COST FOR VAN LIFTS & TIE-DOWNS IS \$5,500, ONCE EVERY 5 YEARS. PRIOR AUTHORIZATION IS REQUIRED IF THE COST EXCEEDS \$5,500 OR WHEN REPLACEMENT IS NEEDED BEFORE 5 YEARS. ALL OTHER VEHICLE MODIFICATIONS REQUIRE PRIOR AUTHORIZATION.